Responding to the Recruitment Challenge

A Shared Learning Project

Contents

Introduction

"**Nursing shortages forcing NHS to rely on less qualified staff**" (The Guardian, 27/11/19).

"**NHS staff shortages putting patients at risk**" (Evening Standard, 18/11/19).

Headlines like these have become commonplace in recent years, underscoring the experience of NHS organisations throughout the country in relation to the challenge of recruiting sufficient qualified staff, against a backdrop of increasing demand on services. Unsurprisingly, recruitment risks feature prominently and score highly in Assurance Frameworks of the clients of 360 Assurance and Audit Yorkshire. It was for this reason that 'recruitment' was selected as the subject matter for the first client-wide project, designed to identify and share effective practice in managing recruitment risk, with 29 NHS organisations taking part.

Given the potentially wide scope of subjects that could be examined under the general heading of 'recruitment', a number of HR directors representing Acute, Mental Health and Community Trusts, as well as a Workforce and OD Lead for a healthcare system in the East Midlands, were interviewed to inform the focus of the project. Based on the outcome of these discussions the following areas were considered during the project:

- Streamlining of the recruitment process, particularly for NHS to NHS transfers. This aspect of the project included examination of the systems organisations use to manage and monitor the recruitment process;

- The various initiatives that organisations are implementing to recruit into 'hard to fill' roles;

- How organisations are utilising the Apprenticeship Levy as part of their overall recruitment and retention strategy; and

- The extent and nature of recruitment and HR initiatives that are being undertaken at a system level.

This report summarises the key themes emerging and includes suggestions for further reading, highlighting particular case studies involving client NHS organisations that are available on the NHS Employers' website. These provide a useful snapshot of some of the ways in which Trusts and CCGs in the East Midlands and Yorkshire are responding to the national challenge of recruiting a sufficiently skilled workforce to meet rising demand.[1] Where relevant, we have also included links to toolkits and other information papers that provide practical support.

To provide an opportunity for shared learning, a workshop was held on 28 November 2019, which was attended by 27 delegates representing 23 organisations, including NHS Employers. We would like to extend our thanks to representatives from Barnsley Hospital NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust, who presented at the workshop on relevant subjects.

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[1]There are, of course, other relevant case studies available on the NHS Employers' website involving NHS organisations in other regions. Visit https://www.nhsemployers.org/your-workforce for more details.

Headline Messages

Streamlining the recruitment process

➢ Most organisations are actively monitoring Time Taken to Recruit (TTR) KPIs, although there are variations in the parameters selected for the primary KPI ie where in the process the 'clock' is started and stopped. A number of Trusts have set targets for the various stages of the recruitment process and this has provided opportunities to identify reasons for delays that have subsequently been resolved, resulting in reductions in the overall TTR.

➢ Approximately 75% of organisations participating in the project are utilising the Trac recruitment system. Experience of using the system is generally positive, with its ability to produce more detailed management information on TTR KPIs being highlighted as a principal benefit. Further benefits accrue from implementation of the module which enables recruiting managers to upload vacancies to the system, as this further reduces paperwork and speeds up commencement of the recruitment process. The biggest criticism of Trac was that, being an email driven system, there is a risk that the 'personal' relationship – both with candidates and with recruiting managers – can be lost.

➢ It is important to ensure that there is a shared understanding of both the role of the recruitment team and that of recruiting managers. Although it can be challenging to find sufficient time to provide training for recruiting managers and/or arranging face to face meetings, those teams who were able to do so reported positive outcomes.

➢ Organisations are utilising the Inter Authority Transfer process available within ESR (that enables employee data to be shared) to speed up NHS to NHS transfers. In some cases this has included records of training completed that have then not needed to be repeated during the induction process.

➢ Significant streamlining benefits can accrue from adoption by Trusts within a healthcare system of a common mandatory and statutory training programme. Notable in this regard is the experience of several Trusts in South Yorkshire, who have achieved combined estimated savings to date of 85,936 hours (with an approximate value in excess of £1.5 million).

Meeting the challenge of recruiting to 'hard to fill' posts and roles

➢ Successful recruitment to posts that have historically been difficult to fill requires a multi-faceted approach, with a diverse number of different recruitment methods being employed. The project identified a wide variety of initiatives being used by recruitment teams and this report summarises key issues highlighted in respect of the following methodologies:

- International recruitment;

- Utilisation of social media;

- General marketing and engagement;

- Retire and return and returning to practice;

- Cash incentives and guaranteed job offers; and

- Job rotation and internal transfer schemes.

Utilising the Apprenticeship Levy

➢ The Apprenticeship Levy of 0.5% on all employers with an annual paybill in excess of £3 million was introduced in April 2017. Funds must be used within 24 months or they are retained by the Government; an approach designed to incentivise organisations to create as many apprenticeship posts as possible. There are a number of restrictions placed on how the funding can be used; a contributory factor in few organisations having fully utilised their Levy to date.

➢ Nevertheless, there are a number of examples of innovative utilisation of the Levy by organisations in the East Midlands and Yorkshire. The overall theme emerging from the project is one of increasing utilisation, driven in part by a desire to ensure funding is not lost. Where organisations have been able to dedicate a resource to the development of apprenticeship roles, significant progress has been made in using the funding to develop apprentices.

➢ The Levy is being used to fund training at a variety of levels within organisations, from Level 2 to Level 7 training. Whilst focus was initially on nursing roles, the Levy is increasingly being applied to other clinical and non-clinical roles.

➢ From 1 April 2019, the Government has made provision for organisations to transfer up to 25% of their unused Apprenticeship Levy funds to other employers. Healthcare systems are beginning to take advantage of this provision to ensure funds are not lost from their community. Examples highlighted during the project included transfers of funds to the care home sector and to GP practices to fund training in primary care.

➢ By embedding utilisation of the Levy within their workforce strategy, some organisations have been able to meet and exceed the public sector target of 2.3% of staff as new apprentice starts.

Implementing system-wide recruitment projects

➢ Implementation of system-wide recruitment projects forms part of wider system workforce strategies and much of the early work done has been the preparation of these. In common with the general subject of transformation at system level, organisations face challenges in ensuring that projects are sufficiently resourced. With the amount of HR related projects that are required, staff at the workshop highlighted risks associated with being required to input into several initiatives at the same time. Those that had been involved in initiatives where roles working across more than one organisation had been recruited to highlighted some of the practical challenges encountered when staff moved between Trusts.

➢ Despite the challenges, progress is being made on some system-wide projects, with the emergence of Talent Academies/Excellence Centres being a good example of how organisations can work together to offer apprenticeships, training and career opportunities within their community.

Questions for assurance committees

This report has sought to provide a snapshot of some of the initiatives that are being implemented throughout the East Midlands and Yorkshire in response to the recruitment challenges facing NHS organisations in both regions. In doing so, it has covered a number of subjects that will be of interest to Audit and Workforce/People Committee members as they reflect on assurances they receive regarding arrangements in place in their organisations. To aid in this reflection, we have suggested a number of prompts below:

➢ Is the Committee assured that the recruitment function has the skills, networks and resources to meet present and future demands of attracting staff to the organisation?

➢ To what extent does the organisation monitor the time taken to recruit? Have target KPIs been set for each stage of the process and, if so, what has been the result of monitoring delivery of these KPIs?

➢ For organisations using Trac, have all its modules been fully implemented? Where Trac is not being used, have its potential benefits been formally considered against its costs?

➢ Is the organisation actively involved in either the national Streamlining Programme or on streamlining projects with other local NHS organisations?

➢ What arrangements does the organisation have in place to ensure that there is an effective working relationship between the recruitment team and recruiting managers?

➢ Does the People/Workforce Committee receive regular reports on the outcome of the various initiatives that are taking place to recruit into hard-to-fill posts? Is the Committee confident that the organisation is sufficiently proactive in trying all reasonable methods of recruitment?

➢ What information does the People/Workforce Committee receive in respect of the organisation's utilisation of the Apprenticeship Levy?

➢ Is the organisation delivering the Public Sector target of 2.3% of staff as new apprenticeship starts? If not, are there plans in place to achieve this target by a specific date?

➢ What arrangements does the organisation have in place for ensuring that unused funds paid into the Levy are not lost? For example, is the organisation involved in any system-led work which will make unused funds available to other employers in the community that provide healthcare services?

➢ How does the organisation receive assurance from the ICS/STP in respect of progress in implementing system-wide recruitment projects?

➢ To what extent is the organisation involved in implementing system-wide recruitment projects? Are the challenges highlighted in this report in respect of system working being effectively managed?

➢ How assured are you that your organisation is accessing and using all available resources and self-help tools where appropriate?

Further detail in respect of the findings of the project and the outcome of discussions at the workshop can be found on each of these areas in Sections 1 to 4 of the main body of this report as follows:

1: Streamlining the Recruitment Process – subsections:

- Monitoring time taken to recruit;
- Utilisation of Trac recruitment system;
- Workshop group discussion of the recruitment process;
- Induction processes; and
- Further reading.

2. Meeting the challenge of recruiting to hard-to-fill posts and roles – subsections:

- International recruitment;
- Utilisation of social media;
- General marketing and engagement;
- Retire and return and returning to practice;
- Cash incentives and guaranteed job offers;
- Job rotation and internal transfer schemes; and
- Further reading.

3. Utilising the Apprenticeship Levy – subsections:

- How organisations are spending the Levy; and
- Further reading.

4. Implementing system wide recruitment projects – subsections:

- The challenge of system working; and
- Progress made in implementing system-wide change.

1. Streamlining the recruitment process

Streamlining the recruitment process, particularly for staff moving between NHS organisations, has had a national focus for a number of years. Launching in some regions as early as 2009, the NHS Streamlining Programme[2] has encompassed reviews of a number of aspects of the recruitment process for NHS to NHS staff transfers. Our recruitment project included a consideration of arrangements in a number of areas covered by the Streamlining Programme. These are discussed in the sections below.

Monitoring time taken to recruit

The first area considered during the project was the process of recruiting to vacant posts. Commencing with the identification of the need to fill a vacancy and ending with the new employee's first day of employment (induction training is covered separately below), recruitment includes a number of stages and can extend over several weeks or even months once notice periods are taken into account. Minimisation of the length of time taken to recruit (TTR) to the extent possible is a common goal of all recruitment functions and most organisations actively monitor the TTR against a KPI target. There is variation, however, in the parameters selected for this KPI in terms of the point at which the 'clock' is started and stopped. It was relatively common (but not universal) for a TTR KPI to measure the time between advert and issuing of a non-conditional offer, although even within this time period there is room for variation, with some organisations using the date an advert goes live and some using the closing date of the advert as the starting point for the TTR 'clock.' Some felt that a TTR KPI should include the process of obtaining authority to appoint as although this was a process not easily influenced by the recruitment team, failure to control it could lead to a vacancy being in place longer than was necessary.

Bearing in mind the variations in approaches to how the overall TTR is counted, we have not sought to benchmark TTR performance data of organisations who participated in the project beyond noting that overall TTR targets generally ranged between 50 and 70 days among participating organisations.

What is noteworthy is that the length of time each stage is taking is increasingly being monitored to establish whether avoidable delays are slowing the process. Some organisations are establishing KPIs for specific stages of the recruitment process. This necessitates the availability of management information which breaks the overall TTR down into each stage. Some recruitment functions have developed their Excel spreadsheet reports to monitor this data. More commonly, however, larger organisations are procuring Trac, an e-recruitment applicant tracking system that interfaces with ESR. This has reporting functions which have generally increased the amount of granular data available on the time taken to recruit.

Utilisation of Trac recruitment system

Approximately 75% of organisations participating in the project utilise Trac. The percentage is greatest amongst larger organisations, where the volume of recruitment justifies the additional cost (£1,150 per licence per month). Use of Trac is generally seen by central Government as a

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positive development for HR functions - the GOV.UK Digital Marketplace website[3] highlights the following potential benefits derivable from Trac:

- "Speeds up recruitment

- Makes recruitment activity easier to track and report on

- Popular with hiring manager, recruitment staff and applicants

- Improves efficiency of recruitment staff

- Improves communications with hiring managers and applications

- Provides a modern efficient gateway for potential staff

- Integrates with other systems, particularly ESR, eDBS (eBulk) and jobs.nhs.uk".

The feedback from those organisations at the workshop which do use Trac was generally positive in terms of its overall impact on the recruitment process. Aside from its ability to report on the various stages of TTR, many felt that it was at its most useful after the module which enables recruiting managers to upload vacancies to the system had been implemented. This was because this further reduced paperwork and sped up the identification of the need to commence recruitment processes. The biggest criticism of Trac was that, being an email driven system (with a lot of automated emails being sent) there is a risk that the 'personal' relationship – both with candidates and with recruiting managers – can be lost.

Workshop group discussion of the recruitment process

At the workshop held on 28 November 2019, delegates heard the presentation 'Improving Experience: Recruitment at Sheffield Teaching Hospital,' delivered by the Trust's HR Business Partner. The Trust has been undertaking a critical analysis of its recruitment process[4], having received feedback from candidates, recruiting managers and the recruitment team that there were opportunities to improve. It introduced Trac in November 2018, which led to an improved ability to analyse the time taken to complete the various stages of the recruitment process. The results of the analysis challenged preconceived ideas about where delays were occurring. Determining the real reasons for delays enabled the Trust to reduce the overall time taken to recruit. The recruitment team was also restructured in terms of the delivery of its role, with specialists now dealing with the separate processes of advert to offer letter and obtaining appropriate starter documentation and inducting the new employee. The end result has been an improved experience for all parties involved in the recruitment.

The presentation provided a catalyst for discussion of recruitment procedures in general, with delegates highlighting both the challenges they face and aspects of the process that they felt were working effectively. The biggest challenges were:

- Timely approval of vacancies going out to advert;

- Building effective relationships with recruiting managers. Where Trac was in use the need to ensure recruiting managers were fully trained in using the system was

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[3] https://www.digitalmarketplace.service.gov.uk/g-cloud/services/804132306857122

[4] To read a case study summarising another Trust's experience of reviewing their recruitment process, visit https://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/nhs-to-nhs-staff-transfers/streamlining-recruitment

highlighted. More generally the need for a clear understanding by all parties involved in the recruitment process of each other's roles and requirements from the process was emphasised. Of relevance here is the manner in which recruitment teams are structured to respond to the needs of recruiting managers, but ,interestingly, although there are differing approaches adopted – some organisations favouring staff being aligned to clinical directorates, others adopting a more 'central team' approach – there was no clearly preferred structure. However recruitment teams are organised, the emphasis needs to be on ensuring recruiting managers understand their responsibilities and, wherever possible, recruitment teams should meet with recruiting managers – 'putting a face to the name'; and

- Quality of applications received, which makes shortlisting harder. There was some discussion in respect of whether this could be improved through provision of constructive feedback when they are unsuccessful, although this would potentially be time consuming (though less so if limited to internal candidates).

The areas attendees felt were working best were:

- Speed of recruitment checks (references, DBS etc);

- Induction/onboarding on day 1; and

- Enhanced KPI reporting, as referred to above, of the TTR, which has enabled some reasons for delays in the process to be identified and corrective action taken.

Induction processes

One of the areas of 'onboarding' of staff who are already NHS employees where streamlining could deliver efficiencies is induction training. New employees are required to attend some form of induction training at all NHS organisations. One of the challenges this presents is that a significant proportion of the content of induction courses relates to 'mandatory' training which has to be undertaken on a regular basis throughout each employee's career. This means that NHS staff being inducted are often required to attend training on subjects that they have only recently been trained in as part of their previous role. Nationally, no instruction has been issued in respect of which subjects need to be included in induction training, leaving organisations to develop their own arrangements. A further complication is that individual employees' training needs vary dependent on their role (as well as the type of healthcare organisation they are working for) and thus any adoption of a 'one size fits all' approach would also lead to inefficiencies in the process. Unsurprisingly, discussions conducted with HR staff in the organisations participating in the project revealed a wide variety in the nature and type of induction training provided, with several factors impacting on the length of training, subjects covered and the method of delivery.

Thus, whilst there is wide acceptance that potential exists for delivery of efficiencies through adoption of common approaches to mandatory training, in practice these can be challenging to deliver. Nevertheless, the increasing emphasis being placed on 'system' working has created an opportunity for NHS organisations within regions to work together collectively to adopt a single approach. Our discussions with staff working on system-wide HR issues identified that mandatory and statutory training (MAST) is an area where projects are progressing. The most advanced of these, in terms of implementation, is the Streamlining MAST project that has been

implemented by several Trusts in South Yorkshire. The Head of Learning and Development at Barnsley Hospital NHS FT delivered a presentation to the workshop highlighting the experience of the Trusts as they developed common training programmes for six subjects routinely included in induction training, enabling 'passports' to be created for staff moving between organisations for these subjects. Key points arising from the presentation included:

- Identification of key stages of the project, which were undertaken within a timeline that took 15 months from initial engagement to go live;

- A summary of the key challenges that had to be overcome; and

- Estimated savings to date, across the Trusts involved, of 85,936 hours, with an approximate value of £1,589,818.

Further reading

The NHS Employers' website has already been referenced in this report as a useful source of resources on streamlining the recruitment process. In particular, we draw attention to the following pages and case studies as they either feature Trusts from the East Midlands and Yorkshire regions or themes that featured in our discussions with HR staff during the project:

- https://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/nhs-to-nhs-staff-transfers/inter-authority-transfer-process. This page discusses various aspects of the Electronic Staff Record (ESR) Inter Authority Transfer (IAT), which is an automated process that enables employee data to be shared between NHS organisations using ESR. Many Trusts in our regions are using this process.

- https://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/nhs-to-nhs-staff-transfers/streamlining-recruitment/factual-references. This page provides some information on how the implementation of factual based references and values based recruiting (VBR) can impact positively on the recruitment process. It includes a number of case studies, including one involving Derbyshire Community Health Services NHS Foundation Trust.

- https://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/nhs-to-nhs-staff-transfers/streamlining-recruitment/pre-employment-checks/disclosure-and-barring-service. This page includes a link to a guidance document on DBS checking prepared following a review of processes operating across the Midlands and East Region.

- https://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/nhs-to-nhs-staff-transfers/mandatory-and-statutory--training. This is a good resource on the subject of streamlining mandatory and statutory training, which includes a link to a toolkit designed to help trusts in this process and a range of case studies, including one which provides further detail on the experience of Barnsley Hospital NHS Foundation Trust and others in the South Yorkshire region.

2. Meeting the challenge of recruiting to 'hard to fill' posts and roles

National shortages in key roles regularly hit the headlines, demonstrating the significant challenge faced by NHS organisations throughout the country to recruit sufficient numbers of qualified staff. Tackling this problem requires a multi-faceted approach to recruitment, with multiple initiatives focusing on a range of different recruitment techniques. Our discussions with HR staff during the project and at the workshop on 28 November 2019 provided an opportunity for identification of some of the most successful initiatives, as well as reflection on key lessons learned in their implementation. These are summarised in the following paragraphs.

International recruitment

Recruitment of qualified healthcare professionals from overseas is a well-established initiative within the NHS and a number of observations were made during the project and the workshop regarding its application in practice.

One Trust has developed an arrangement with a recruitment agency which provides a specified number of internationally recruited nurses (from the Philippines) each month. The agency only works with 3 Trusts to ensure they can deliver the required number of nurses, and only takes individuals who have already passed their IELTS (International English Language Testing System).

One of the Trusts participating in the project provide eight weeks' free accommodation and a hamper of food on arrival as well as a cultural orientation 'package' to new employees from overseas, including full Objective Structured Clinical Examination (OSCE) training. The Trust sought feedback on the orientation process and learned that it was previously somewhat overbearing in some areas (accompanying them to the bank etc) so now appointments are made to offer support as necessary.

One positive impact of successfully recruiting overseas staff and ensuring that the orientation and welcome process is effective is that they can act as unpaid agents encouraging overseas friends and family members to apply for other vacant posts.

The increasing use of social media

Utilisation of the various social media platforms to reach a wider and/or targeted audience for vacant posts is increasingly being recognised as a useful tool for recruiting to difficult to fill posts. For example, a number of Trusts who participated in the project have used Facebook to undertake specific campaigns for particular posts and grades, targeting users who have identified themselves as nurses in several targeted countries, with the advert then appearing in their country's time zone.

Another popular initiative is the creation of video blogs prepared by recently appointed staff, who talk about their experience of being recruited to and working for the Trust. Platforms such as YouTube are then used to promote roles as part of recruitment drives.

Recognising the benefits of accessing specialist support when utilising social media platforms for recruitment drives, some organisations have engaged the services of an external company. One example is Harrogate and District NHS Foundation Trust, whose experience of working

with one such company is summarised in a blog on the NHS Employers' website[5]. Other NHS Trusts in Yorkshire have also successfully utilised the company to support them in recruitment initiatives involving social media[6].

Attracting staff through marketing and engagement

A number of recruitment initiatives which were highlighted during the project and at the workshop fall under a general category of 'marketing'. Whilst it was acknowledged by many that the private healthcare sector has been more adept at marketing vacant roles, there is evidence that the NHS is learning lessons from its more affluent rival organisations.

For example, one Trust undertook two recruitment campaigns supported by radio advertising for a role that is hard to recruit to. The first campaign advertised the role with the Agenda for Change pay scales. Based on research on how private sector organisations advertise financial remuneration, the second campaign focused on potential earnings after factoring in payments for unsocial hour working (the methodology of calculation was clearly stated in the advert). The result was an increase of 80% in the number of applicants for the post over a benchmark figure.

Another area in which the private sector has been effective has been the promotion of 'benefits packages.' Historically, the NHS has always been able to offer a good pension scheme but has not always drawn attention to other benefits that are available. This is now starting to change and Trusts are promoting benefits such as discount schemes, employee health and wellbeing, occupational health, flexible working and others[7]. The need to highlight positive reasons for moving to the county or the city the organisation is based in is also being recognised[8].

Assessment centres – particularly for nursing posts – are proving to be a useful means of promoting Trusts as desirable places to work as part of the recruitment process. As part of the assessment process, prospective employees are given tours of the hospital to provide them an opportunity to indicate a preference for where they would like to work and brief introductions are provided by senior management. Tests are completed in the morning so that job offers can be made at the end of the day. One Trust maintains contact with successful candidates before they start through postcards to encourage a sense of belonging from the start of their career with the Trust.

Retire and return and returning to practice

Recruitment initiatives involving staff wishing to return to work after retiring or when their personal circumstances allow are another area of focus nationally. To support organisations implementing such initiatives, the Department of Health and Social Care has published

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[5] https://www.nhsemployers.org/blog/2017/10/social-media-journey-harrogate-and-district-nhs-foundation-trust

[6] Click on this link for more information on some case studies involving this company. Please note that 360 Assurance and Audit Yorkshire do not endorse any product or service offered by third parties.

[7] For an example of this, see Derbyshire Healthcare NHS Foundation Trust's public website at https://www.derbyshirehealthcareft.nhs.uk/work-us/work-perks

[8] See Nottingham University Hospitals NHS Trust's website at https://www.nuh.nhs.uk/choose-nottingham

guidance on re-employing staff after retirement[9] and NHS Health Education England have produced a toolkit to encourage nurses back into practice[10].

The practical implications of employing retired staff were highlighted during the group work at the workshop, with discussions focusing notably on employment checks. DBS checks for substantive staff are generally not refreshed on a regular basis. Where staff are returning to work after only a brief absence, new DBS checks are likely to be required and the delay can be frustrating for staff who were allowed to work a few days previously without anything having changed. This demonstrates the need to ensure up to date documentation and checks are held for staff and that any necessary new employment checks are initiated as soon as possible.

Because of the growing popularity of 'Retire and Return' schemes, there is an emerging view that some staff are viewing returning after retiring as a right rather than an opportunity. One Trust is implementing a process to manage expectation through the creation of an application form for retire and return which is then presented to a panel, as for flexible working requests.

Cash incentives and guaranteed job offers

'Golden hello' payments are a cash incentive scheme that have been utilised nationally to attract staff into posts that are particularly difficult to recruit to. Examples include the offering of £10,000 by the Government to post graduate students in specific hard-to-recruit disciplines and £20,000 payments for trainee GPs. NHS organisations are able to offer similar payments as a means of attracting applicants to posts where market forces make recruitment difficult. Successful applicants are routinely required to stay in post for a minimum period otherwise the payment will be repayable.

Discussions at the workshop on the subject of cash incentives highlighted one of the drawbacks of 'Golden hello' schemes: Where staff move between local Trusts to take advantage of these payments, arguably money is being taken out of the system for little impact (as in overall terms it does not reduce the number of vacancies that need to be filled). There is no easy solution to this but it does demonstrate the need for NHS organisations within a healthcare system to work together to implement recruitment initiatives that provide solutions which benefit all organisations wherever possible.

Another recruitment initiative discussed at the workshop which has been used by some organisations is the offer of guaranteed jobs on successful completion of qualifications. It was felt that this type of initiative offered both pros and cons in that it encouraged applications but also carried the risk that the person might achieve the qualification but might not be the best fit (or even be unsuitable) for the role which was guaranteed.

Job rotation and internal transfer schemes

Initiatives involving rotational posts and transfer opportunities have the potential to attract additional applicants to the post by offering a wide range of experience. They can also bring benefits in ensuring less popular roles or locations have fewer vacancies and reducing administration where internal staff do not need to apply for roles covered by transfer schemes.

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[9] https://www.gov.uk/government/publications/re-employing-staff-who-receive-an-nhs-pension

[10] https://www.healthcareers.nhs.uk/career-planning/resources/we-are-returning-nurses-stakeholder-toolkit

However, some challenges were also identified at the workshop, particularly in relation to internal transfer schemes. For example, there was some discussion regarding whether transfer schemes can be too automatic – meaning that staff who have not demonstrated the relevant aptitude or approach in one role can get automatically placed somewhere else in the organisation without issues being resolved. This can have a detrimental effect in the area the member of staff is transferred to. Some group members also pointed out that competition is healthy and that internal recruitment by application can help to focus attention on performance issues which would otherwise be passed on.

Further reading

The following links, all from the NHS Employers' website, include useful further reading:

- https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment. This page on the NHS Employers' website provides a number of useful links to guidance and FAQs relating to international recruitment.

- https://www.nhsemployers.org/-/media/Employers/Publications/Social-media/Social-Media-Toolkit.pdf. Acknowledging the increasing use of social media for recruitment and communication with employees and the public, NHS Employers have produced a useful toolkit which provides guidance for developing a Social Media Strategy.

- Where Trusts face challenges in recruiting to specific posts due to a lack of supply, one option which can provide a solution is an examination of the skill mix required to deliver a service as part of a service redesign process. This can be a complex process involving cultural change and care must be exercised to ensure that the needs of patients continue to be fully met. Nevertheless, benefits are available if the service redesign is implemented effectively, as demonstrated by a case study involving Chesterfield Royal Hospital NHS Foundation Trust, which can be accessed via this link: https://www.nhsemployers.org/case-studies-and-resources/2018/08/building-a-team-around-the-patient.

- A very useful report to read on the subject of recruitment in the NHS, which was commissioned by NHS Employers is available at https://www.nhsemployers.org/case-studies-and-resources/2019/10/volume-recruitment-in-the-nhs-recommendations. Entitled 'Volume Recruitment in the NHS – Themes and Recommendations,' it summarises the findings of a study which involved a number of Trusts throughout the country, including several from the East Midlands and Yorkshire[11]. The report comments on a number of the issues raised and discussed in this project.

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[11] Organisations who participated in both this project and in the exercise commissioned by NHS Employers were Bradford District Care NHS FT, Sherwood Forest Hospitals NHS FT, University Hospitals of Derby & Burton NHS FT and Nottinghamshire Healthcare NHS FT.

3. Utilising the Apprenticeship Levy

How organisations are spending the Levy

The Apprenticeship Levy was introduced by the Government in April 2017. It is paid by all employers who have an annual paybill in excess of £3million, and is charged at a rate of 0.5%. Levy paying employers access the funds they have paid in via an online account, but must use the funding within 24 months or it is retained by the Government; an approach evidently designed to incentivise organisations to create as many apprenticeship posts as possible. It is to some extent a controversial requirement because there are a number of restrictions placed on how the funding can be used. For example, it cannot be used to fund salaries and the training must be provided by an organisation on the national Register of Apprenticeship Training Providers. In practice this creates challenges in ensuring it is fully utilised.

For the reasons outlined above most organisations involved in the project have not made full use of their Apprenticeship Levy since it was introduced. Nevertheless, the overall theme emerging from the project is one of increasing utilisation, driven in part by a desire to ensure funding is not lost. Where organisations have been able to dedicate a resource to the development of apprenticeship roles, significant progress has been made in using the funding to develop apprentices and we saw some good examples of utilisation of the Levy.

For example, one Trust has been able to exceed the public sector target of 2.3% of staff as new apprentice starts, achieving 3.87% through provision of 26 different apprenticeships (over 250 staff) over a range of clinical and non-clinical subjects from level 2 to level 7. This offering of apprenticeships in an increasing number of different disciplines is indicative of an emerging trend. Whilst focus was initially (and understandably) on nursing roles organisations are now starting to utilise the Levy for other clinical and non-clinical roles.

The Government has made provision for organisations to transfer up to 25% of their unused Apprenticeship Levy funds to other employers and healthcare systems are beginning to take advantage of this provision to ensure funds are not lost from their community. A number of the health communities who were involved in this project are taking advantage of this provision and we saw examples such as the transfer of funds to the care home sector and to GP practices to fund training in primary care.

Though not covered in detail in this exercise, the Apprenticeship Levy can also be used to encourage staff retention through offering of training to current employees and examples were noted where organisations are promoting apprenticeships to their current staff as part of their Continuing Professional Development and career development.

Further reading

- https://www.nhsemployers.org/your-workforce/plan/workforce-supply/apprenticeships. The page on the NHS Employers' website that provides a wealth of information on how to use the Levy.

- https://www.nhsemployers.org/case-studies-and-resources/2018/07/we-used-the-levy-to-embed-apprenticeships-across-the-trust. The NHS Employers' website includes a number of useful case studies relating to the Levy, but we would like to draw particular attention to the study prepared by North Lincolnshire and Goole NHS Foundation Trust, who participated in this project. Published in July 2018 (the Trust has further developed its

apprenticeship offering since this date), the study is a good example of how to embed apprenticeships in an organisation's workforce strategy and the benefits this brings.

- https://www.nhsemployers.org/case-studies-and-resources/2019/12/using-the-apprenticeship-levy. The latest briefing available from NHS Employers on using the Levy, published in December 2019.

4. Implementing System Wide Recruitment Projects

The challenge of system working

The case for organisations working together as a system to respond to the ever increasing demand for health and social care services is easily made. All the projections regarding the workforce that would be required to deliver services as they are currently configured point to one conclusion: insufficient staff. Services must be redesigned and along with this, the profile of the workforce will need to change.

Unfortunately, outlining the case for change is a lot easier than actually implementing it. This is the overriding message that has emerged from the work we have completed to date on system working arrangements and it was a message reinforced at the workshop in respect of the implementation of system wide recruitment initiatives. This is not to say that progress is not achievable, or indeed not being made, but it was interesting to note a number of themes emerging from the project and workshop in respect of system working. These may be summarised as follows:-

- <u>Practical challenges of organisations working together.</u> One of the appealing aspects of organisations working together is the offering of roles where successful applicants have the opportunity to work for more than one organisation. The potential this has for career development and, therefore, its ability to attract more applicants, is obvious and some systems have started the process of employing staff in posts that work across more than one organisation. The reality of any such post, however, is that it involves working for more than one statutory body and this creates a number of challenges which need to be overcome.

  For example, one system in the region trialled the implementation of a number of rotational roles. Challenges experienced included the different governance arrangements of the organisations involved, the need to agree a common approach to pre-employment checks, and practical issues such as the authorisation of expenses and issuing of payslips.

  Responding to this issue, NHSE/I has prepared a toolkit[12] that provides some useful pointers on the subject of staff working for more than one organisation. The toolkit makes liberal reference to guidance prepared by NHS Employers on the subject, which is also a useful resource.[13]

- <u>The volume of system recruitment projects requiring implementation.</u> An observation made by a number of members of staff involved in system led work was that, taken collectively, the number of service redesign projects either being implemented or that

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[12] https://improvement.nhs.uk/resources/enabling-staff-movement-toolkit/

[13] https://www.nhsemployers.org/case-studies-and-resources/2019/02/staff-mobility-guide

need to be implemented in every healthcare system is vast. Many of these projects impact on workforce in one form or another and therefore require input at varying levels from HR professionals. This can lead to staff being involved in too many projects at any given time, resulting in a lack of focus due to stretched resources. Ideally the solution to this would be to increase the level of resource available to support projects but there was an acknowledgement that this involved competing for transformation funding which is limited. Assuming that no further funding is available, the general consensus of opinion was that it was better to focus on a smaller number of projects and ensure that they are fully delivered. For this to be achieved there may need to be adjustments made in expectations of the overall length of time required to implement workforce elements of all system wide projects.

- Availability of data analytics resource. One of the subjects explored was the production and utilisation of system-level HR data. We found that some systems had workstreams in place which were exploring the scope of work involved in the production of this data, but that one challenge being faced was the availability of a data analytics resource. This issue also extended more generally to impact on some other projects which require data to be manipulated, analysed and presented. The problem here is that many transformation projects have a requirement for data analysis and this places a high level of demand on data analytics teams, who in turn struggle to meet this demand within required timescales.

Progress made in implementing system-wide change

The general theme which emerged from our interviews was that emphasis has been placed on the development of system-wide workforce strategies and governance arrangements, supported by Local Workforce Advisory Boards for their implementation. Even a casual read of these strategies reveals the challenge that lies ahead in ensuring that the workforce in each system is able to respond to future demand. Recruitment is only one of the areas where actions are planned; the strategies reviewed during the project all refer to other priorities where changes need to be made to the workforce in responding to the transformation agenda. Thus, observations made in this report need to be read in context, as only system-wide initiatives that have a recruitment or streamlining focus were covered in the review and the report is not seeking to comment on all workforce development activity that is taking place at a system level.

The challenges to effective system working summarised above have contributed to a sense of frustration expressed by some at the workshop that progress in implementing recruitment initiatives has been slower than anticipated. Nevertheless, there are examples of what has been achieved thus far through organisations working together. There are a number of national streamlining programmes supported by NHS Employers that engage with regions at a system level[14] and initiatives like the mandatory and statutory training project in South Yorkshire, referred to previously, demonstrate the positive impact of organisations within a health community working together.

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[14] A summary of each of the regional streamlining programmes is available at https://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/streamlining-region-by-region

Another area in which organisations are working together to encourage more people to choose a career in health and social care is in the development of Talent Academies. These academies (also referred to as Excellence Centres) bring together training and career opportunities from several NHS and social care organisations within a locality. Access to these opportunities is advertised through a website managed by the academy.

A number of health communities have either developed or are planning to develop an academy and a very good example is the Excellence Centre which is operating within Humber Coast and Vale. The centre, which brings together employers from health and social care, independent and voluntary sectors, and training providers, has a well-developed website[15], which includes numerous links to opportunities for apprenticeships, open days and training programmes.

With the publication of the final NHS People Plan expected imminently, it is anticipated that there will be increasing emphasis on finding and implementing system-wide solutions to recruitment challenges.

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[15] https://humbercoastandvale.org.uk/how/workforce/humber-coast-vale-excellence-centre/

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